## COPY OF PAPERS ORIGINALLY FILED

PATENT

Att'y Docket No. IBM/145DV1/124 Confirmation No. 3332

**CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8** 

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid in an envelope addressed to: Box NON-FEE AMENDMENT, Assistant Commissioner for Patents, Washington,

Reg. No. 38,323

6 JUNE 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Mark Kenneth Hoffmeyer et al.

Art Unit:

2827

Examiner:

Jose H. Alcala

Serial No.: Filed: For

09/924,711 August 8, 2001

Scott A. Stinebruner

August 8, 2001
PROCESSING OF CIRCUIT BOARDS WITH PROTECTIVE, ADHESIVE LESS COVERS ON AREA ARRAY BONDING SITES

E AMENDMENT

**Box NON-FEE AMENDMENT Assistant Commissioner for Patents** Washington, DC 20231

## AMENDMENT TRANSMITTAL

- Transmitted herewith is an Amendment and Response. X 1.
- Small Entity status of this application under 37 CFR 1.9 and 1.27 has been 2. established by a verified statement previously submitted.
  - Enclosed is a verified statement to establish Small Entity status
  - Ø Other than a Small Entity
- 3. The fee has been calculated as shown below:

## **CALCULATION OF FEES**

Fee:	Number of Claims After Amendment:		Previously Paid For:	No. Extra:	At Rate:	Amount:
Total Claims	16	minus	20	0	\$18	\$0.00
Independent Claims	2	minus	3	0	\$84	\$0.00
MULTIPLE DEPENDENT CLAIM FEE \$280						
TOTAL FEE FOR CLAIMS:						

No additional fee for claims is required.  $\boxtimes$ 

4.		Attache Please	ned is a check in the sum of \$ for additional claims. charge my Deposit Account No. 23-3000 in the amount of \$							
5.	The pi	roceedii apply.	ings herein are for a patent application and the provisions of 37 CFR Complete (a) or (b) as applicable.							
		(a)	Applicant petitions for an extotal number of months chec	1.136 for the						
			one month \$ 1 two months \$ 4 three months \$ 9 four months \$ 1,4	10.00 \$	mall entity 55.00 200.00 460.00 720.00 980.00					
		Exter	nsion fee due with this reques	t:		\$				
		Meth	Method of Payment: Check enclosed in the amount of \$							
	If an additional extension of time is required, please consider this a petition there									
			(Check and complete the next item, if applicable)							
			An extension for monthereof of \$ is deducted extension now requested.	from the total fee	due for the to	otal months of				
	⊠	(b)	Applicant believes that no this conditional petition is that applicant has inadver extension of time.	being made to pr	ovide for th	e possibility				
6.	☒	If any Accou	additional fee for claims on the No. 23-3000.	ns or extension of time is required, charge						
	Respectfully submitted,									
				WOOD, HERR						
441 V Cinci	Carew ' /ine Str nnati, C	eet Ohio 452	202-2917	By: Scott A. Reg. No	Stinebruner . 38,323					
Ame	ndment	and Res	ittal (in duplicate) containing sponse	Certificate of Mai	ling under 3	7 C.F.R. 1.8				